

Physical Therapy Board of California

2005 Evergreen Street, Suite 1350, Sacramento, California 95815
 Phone: (916) 561-8200 FAX : (916) 263-2560 Internet: www.ptb.ca.gov



Name/Address Change and/or Request for Wall/Wallet Certificate

- ☐ Duplicate Wall/Wallet Certificate (**\$15.00 each**) – Fill out Section 1, 3, & 4.
- ☐ Name Change (**No Charge**) – Fill out Sections 2, 3, & 4.
- ☐ Address Information Update (**No Charge**) – Fill out Section 4.

In order to process your request, please complete this form and return it to the above address with the required fees attached. **DO NOT** submit a fee if you are solely submitting information to update your license record. Please type or print neatly. **ALL INCOMPLETE FORMS WILL BE RETURNED.**

If you are requesting a duplicate wall/wallet certificate, except due to loss, the original certificate must be returned with this request. Please allow three (3) weeks to receive your duplicate wallet and a minimum of three (3) months to receive your wall certificate.

Section 1. Request for Duplicate Wall/Wallet Certificate(s).

I _____ hereby certify that I am currently licensed to practice as a
 (Full Name)

_____ in the State of California and I am the holder of license _____.
 (Physical Therapist/Physical Therapist Assistant) (License #)

Said _____ certificate was _____ on or about _____.
 (Wall or Wallet) (Stolen, Lost, Destroyed, etc.) (Date)

Section 2. Request for Name Change.

The Physical Therapy Board may recognize a name change by a license if that name is not his/her adopted name for all purposes and if the change is not made for fraudulent purposes. **(A wallet certificate will not be automatically issued by changing your name. To receive a new wallet certificate you will need to submit the required fee.)**

Note: You are not required by law to have the wall certificate changed. The new name will appear on your next renewal notice and wallet certificate.

I _____ hereby certify that I am currently licensed to practice as a
 (Full Name – Prior to Change.)

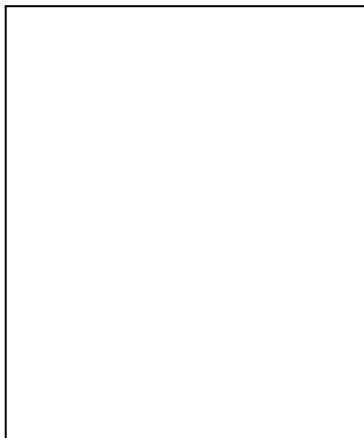
_____ in the State of California and I am the holder of license _____.
 (Physical Therapist/Physical Therapist Assistant) (License #)

I have assumed the name of _____ based on the following:
 First Name Middle Name Last Name

- (Select One)
- ☐ Marriage
 - ☐ Dissolution of Marriage
 - ☐ Other: _____

(Over)

Section 3. Photograph.



A passport “style” photo (2” x 2”) must be attached below. The photo must have been taken within the last sixty (60) days. A photo **MUST** be attached to this form, or your request for a duplicate wall/wallet certificate and/or name change will not be processed.

Attached the passport “style” photo and sign your name in ink across the lower front portion of the photo.

DO NOT USE Polaroid Film. DO NOT crop photos.

I hereby declare under penalty of perjury under the laws and the State of California that the attached photo of myself was taken within sixty (60) days of the date hereof.

(Signature)

(Date)

Section 4. Address & Information Update. (A wallet certificate will not be automatically issued by changing your address. To receive a new wallet certificate you will need to submit the required fee.)

Name: _____ License Number: _____
First Name Middle Name Last Name

Phone Number:(____)_____

Social Security Number: _____ Date of Birth: _____

Old Address: _____
Street Address City County State Zip Code

Residence Address: _____
(PO Box Not Acceptable) Street Address City County State Zip Code

Official Mailing Address of Record: _____
(If different than above) Street Address City County State Zip Code

Date Address of Record Changed _____
(Not the date submitted to the PTBC) Month/Date/Year

Identifying Marks: _____

I declare under penalty of perjury under the laws of the State of California that the information contained in this document is true and correct. Should I furnish any false information in this document, I hereby agree that it shall constitute cause for denial, suspension or revocation of my license to practice as a physical therapist or physical therapist assistant in the State of California. I understand the Board is authorized to verify any information contained in this document.

(Signature)

(Date)